

Gift to Agency Report

A Public Document

RECEIVED
GIFT TO AGENCY REPORT

1. Agency Name

Date Stamp

California Form 801

2009 MAR 27 For Official Use Only

Managed Risk Medical Insurance Board

Division, Department, or Region (if applicable)

Eligibility Division

Street Address

1000 G Street, Room 450

Area Code/Phone Number

(916) 322-4992

E-mail

LLucero@mrmib.ca.gov

Agency Contact (name and title)

Diana Rushton, Filing Officer

☐ Amendment (explain in comment section)

Date of Original Filing: (month, day, year)

2. Donor Name and Address

☐ Individual

Last Name

First Name

☒ Other

San Diego CAA Comm. Partners Coalition

Name

3851 Rosecrans Street

San Diego

CA

92108

Address

City

State

Zip Code

CAAs and health advocates in attendance provide application assistance to uninsured families and children.

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

If applicable, identify the name of each source and the amount(s) solicited or received by the donor for this gift:

Name	\$	Amount	Name	\$	Amount
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3. Payment Information

Date and Amount of Payment (other than travel)

3/11/09

\$

\$230

(month, day, year)

(Round to whole dollars)

Travel Payment Information (Round to whole dollars)

Location of Travel

San Diego, CA

3/11/09

Date(s) of Travel

\$ 209.00

Transportation Expenses

\$ 0

Lodging Expenses

\$ 6.00

Meal Expenses

\$ 15.00

Other Expenses

\$ 230.00

Total Expenses

Provide a specific description of the nature and use of the payment for official agency business:

MRMIB staff provide an update on recent SCHIP Reauthorization bill (CHIPRA), recent program changes to the State's Healthy Families and Medi-Cal for Families Programs. MRMIB also provided information on outreach, enrollment, and retention efforts, and to share relevant information.

Identify the officials for whom the payment was used:

Lucero

Last Name

Hilario

First Name

SSM II

Title

MRMIB/Eligibility

Department/Division

Last Name

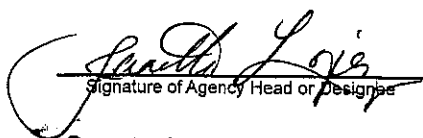
First Name

Title

Department/Division

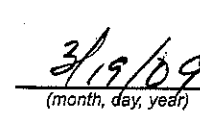
4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.


Signature of Agency Head or Designee


Print Name


Title


(month, day, year)

Comment: (Use this space or an attachment for any additional information.)